

Meeting Notes

Division: Department of Health and Human Services, Iowa Medicaid

Meeting Topic: REACH Implementation Team

Facilitator: Jenny Erdman, HHS

Date: 07/09/2025

Time: 4:00 PM

Location: Virtual

Meeting Objectives

Implementation Team meetings create the opportunity for key stakeholders to facilitate and support the adherence to the Iowa REACH Initiative Implementation Plan objectives and activities and to provide coordinated oversight and recommendations to ensure the success of the Iowa REACH Initiative.

Meeting Participants

- Jenny Erdman
- Will Linder
- Kevin Carroll
- Kristie Oliver
- Nicki Enderle
- Laura Larkin
- Nikki Thomson
- Amy Berg-Theisen
- Anne Crotty
- Jen Royer
- Kendra Hunt
- Megan Simpson
- Gretchen Hammer
- Addie Kimber

Agenda Topic and Items

- Subcommittee updates
 - Multiple subcommittees have discussed what services currently exist under BHIS compared to the services that should exist in the future. Members noted the tension in creating a new system which people might be nervous to use, versus recreating an old system where people may not understand what has changed.
 - Members recommended that the state get additional feedback from providers on any recommendations
 - We will bring this work to other spaces that providers are convened, such as the MCO workgroup
 - Members shared that the Coalition for Children and Family Services would be a good group to engage. They have discussed the evidence-based practices currently in use through BHIS.
 - Members recommended that we discuss whether the assessment tool will be aligned across the system, or whether there will still be multiple assessments. HHS shared that they are having discussions on how to coordinate.
 - Discussion on system coordination
 - Members noted that a hub for assessment tool data would be helpful to increase coordination.
 - Providers (and MCOs in particular) do not always get assessment data. This would help providers access necessary information as treatment starts.
 - A hub could also make it easier to see past assessments and referral information to understand a child's history and current challenges.
 - This system could also improve transitions between providers.
 - Depending on how the data is stored, this could be used to satisfy the data gathering and reporting function required by the settlement agreement.
-

-
- However, members also noted that it can be challenging to use data from another person's assessment due to variation in how providers administer assessments.
 - Members also noted that it would be helpful for referral information to be shared more consistently
 - Members discussed the potential usefulness of a centralized service directory
 - While this has been a common goal, the directory would have to be consistently updated which would be challenging. However, members also noted that the Your Life Iowa webpage has a lot of resources and is constantly being updated.
 - It may be useful for people to understand all of the services and providers that are available as opposed to the smaller group of services their provider is aware of.
 - Members noted that there should be clear information about system navigation and the changes occurring in HHS
 - Your Life Iowa is currently working to centralize HHS information and referral resources.
 - Members discussed that this resource would be helpful for easing anxiety about new programs and circulating information about program changes.
 - Members noted that there should be specific information about the roles that different case managers and navigators play. Several systems include case management (schools, CCBHCs, MCOs, REACH, and more), which all look slightly different and may not be useful for all families.
 - Members discussed key elements of a well-coordinated system, which include:
 - Non-duplicative services (notably in case management)
-

-
- Culturally relevant services
 - Appropriate rates for services to ensure care coordinators have a place to send participants
 - There will be appropriations work internally at HHS to understand what the new recommended services will cost
 - Reasonable qualifications for providers to ensure that there are enough providers to deliver services
 - Effective crisis services
 - Psychiatric Medical Institutions for Children (PMICs) should not be used as assessment beds
 - Public Comment
 - None
-